

WAC 388-97

Nursing Homes

WAC 388-97-147 Surveillance, management and early identification of individuals with active tuberculosis

(1) The nursing home must develop and implement policies and procedures that comply with nationally recognized tuberculosis standards set by the Centers for Disease Control (CDC), and applicable state law. Such policies and procedures include, but are not limited to, the following;

(a) Evaluation of any resident or employee with symptoms suggestive of tuberculosis whether tuberculin skin test results were positive or negative;

(b) Identifying and following up residents and personnel with suspected or actual tuberculosis, in a timely manner; and

(c) Identifying and following up visitors and volunteers with symptoms suggestive of tuberculosis.

(2) The nursing home must comply with chapter [49.17](#) RCW, Washington Industrial Safety and Health Act (WISHA) requirements to protect the health and safety of employees.

(3) The nursing home must ensure that tuberculosis screening is carried out as follows:

(a) Skin testing, whether documented historically or performed currently, must be by intradermal (Mantoux) administration of purified protein derivative (PPD) and read in forty-eight to seventy-two hours of administration, by trained personnel, and with results recorded in millimeters of induration;

(b) The nursing home must conduct tuberculin skin testing of residents and personnel, within three days of admission or hire, to establish tuberculosis status.

(c) The skin test must consist of a baseline two step test, given no more than one to three weeks apart, unless the individual meets the requirements in (d) or (e) of this subsection.

(d) An individual does not need to be skin tested for tuberculosis if he/she has:

(i) A documented history of a previous positive skin test results;

(ii) Documented evidence of adequate therapy for active disease; or

(iii) Documented evidence of adequate preventive therapy for infection.

(e) An individual needs to have only a one-step skin test upon admission or employment if:

(i) There was documented history of a negative result from previous two step testing; or

(ii) There was a documented negative result from one step skin testing in the previous twelve months.

(f) Annual one step skin testing for personnel, thereafter.

(4) If the skin test results in a positive reaction the nursing home must:

(a) Ensure that the individual has a chest X ray within seven days; and

(b) Evaluate each resident or employee, with a positive test result, for signs and symptoms of tuberculosis.

(5) Where tuberculosis is suspected, by presenting symptoms, or diagnosed, for a resident or an employee, the nursing home must:

(a) Notify the local public health officer so that appropriate contact investigation can be performed;

(b) Institute appropriate measures for the control of the transmission of droplet nuclei;

(c) Apply living or work restrictions where residents or personnel are, or may be, infectious and pose a risk to other residents and personnel; and

(d) Ensure that personnel caring for a resident with suspected tuberculosis comply with the WISHA standard for respiratory protection found in WAC [296-62-071](#).

(6) The nursing home must:

(a) Retain records of the tuberculin test results, reports of X-ray findings, physician or public health official orders, and declination in the nursing home; and

(b) Retain employee tuberculin testing results for the duration of employment; and

(c) Provide the employee a copy of his/her testing results.

(7) The local health department may require additional tuberculin testing of residents or personnel as necessary for contact investigation.

(8) A resident or employee who has reason to decline skin testing may submit a signed statement to the nursing home giving the reason for declining and evidence to support the reason.

[Statutory Authority: RCW [18.51.070](#) and [74.42.620](#). 00-06-028, § 388-97-147, filed 2/24/00, effective 3/26/00.]

WAC 388-97-155 Care of residents with active tuberculosis

(1) When the nursing home accepts the care of a resident with suspected or confirmed tuberculosis, the nursing home must:

(a) Coordinate the resident's admission, nursing home care, discharge planning, and discharge

with the local health officer or officer designee;

(b) Provide necessary education about tuberculosis for staff, visitors, and residents; and

(c) Ensure that personnel caring for a resident with active tuberculosis comply with the WISHA standards for respiratory protection, WAC [246-62-071](#).

(2) For a resident who requires respiratory isolation for tuberculosis, the nursing home must:

(a) Provide a private or semiprivate isolation room:

(i) In accordance with WAC [388-97-33040](#);

(ii) In which, construction review of the department of health determines that room air is maintained under negative pressure; and appropriately exhausted, either directly to the outside away from intake vents or through properly designed, installed, and maintained high efficiency particulate air (HEPA) filters, or other measures deemed appropriate to protect others in the facility;

(iii) However, when a semiprivate isolation room is used, only residents requiring respiratory isolation for confirmed or suspected tuberculosis are placed together.

(b) Provide supplemental environment approaches, such as ultraviolet lights, where deemed to be necessary;

(c) Provide appropriate protective equipment for staff and visitors; and

(d) Have measures in place for the decontamination of equipment and other items used by the resident.

[Statutory Authority: RCW [18.51.070](#) and [74.42.620](#). 00-06-028, § 388-97-155, filed 2/24/00, effective 3/26/00; 94-19-041 (Order 3782), § 388-97-155, filed 9/15/94, effective 10/16/94.]